PROFIT CORPORATION ANNUAL REPORT 1998		FIE	FLORIDA DEPARTMEN Secretary of S DIVISION OF CORPC		FILED Jan 27 1998 8:00am Secretary of State			
	ER CONSTRUCTION, INC	000899						
400 LEEWAY TRAIL ORMOND BEACH FL 32174		400 LEEWAY TRAIL ORMOND BEACH FL 32174				DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  11/16/1995		
2, Principal P	Place of Business	2a. Mailin	g Address			4, FEI Number	Applied For	
21		26				59-3351442	Not Applicabl	le
Suite, Apt.	#, etc.	Suite,	Apt. #, etc.	Į		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & <b>28</b>	State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip		Country		8. This corporation owes or has pa		
24	25 Name and Address of Cui	29	30	)		Personal Property Tax due June  10. Name and Address of New Re		_
11. Pursuant office or agent. I a	to the provisions of Sections 607, registered agent, or both, in the Stam familiar with, and accept the ot	ate of Florida. Suc	h change was auti	horized by	City -named cor	poration submits this statement for the p	FL 85 Zip Code	_ _
SIGNATURE	Signature, typed or printed name of registered	l agent and title if applicat	ole (NOTE: R	egistered Agen	it signature requi	ired when reinstating)	DATE	-
12.	OFFICERS	AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRENIER, SAM 400 LEEWAY TRAIL ORMOND BEACH FL		DELETE	1.1 TITLE 1.2 NAME 1.3 STREET A 1.4 CITY-ST			☐ Change ☐ Addition	n
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	2.1 TITLE 2.2 NAME 2.3 STREET A 2.4 CITY-ST			☐ Change ☐ Addition	R
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	3.1 TITLE 3.2 NAME 3.3 STREET A 3.4. City-St			Change Addition	ח
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	4.1 TITLE 4. 2 NAME 4.3 STREET A 4.4 City-St	NDURESS		☐ Change ☐ Addition	a
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DELETE	5.1 TITLE 5.2 NAME 5.3 STREET A 5.4 CHTY-ST	ADDRESS		Change Addition	า
TITLE			☐ DELETE	6.1 TITLE	<del></del>		Change Addition	n

EET ADDRESS

nption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an s report as required by Chapter 607, Florida Statutes; and that my name appears in

1/19/90

- ST- ZIP

100

\*\*\*

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exindicated on this annual report or supplemental annual report is true and accurate an officer or director of the corporation or the receiver or trustee empowered to execute Block 12 or Block 13 if changed, or on an attachment with an address.